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## \*\* CONTINUING DATA \*\*\*\*\*

none 8ms

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

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## IF REQUIRED, FOREIGN FILING LICENSE GRANTED

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Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	STATE OR  COUNTRY JAPAN	SHEETS  DRAWING 1	TOTAL  CLAIMS 18	INDEPENDENT  CLAIMS 2
35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged Examiner's Signature Initials				

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## TITLE

Carrier for cell culture

FILING FEE  RECEIVED 900	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____
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